Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-10-08</u>	Address:	Indiana Ave. @
Case #:	241/29432		Franklin Ave.
County;	Elkhart		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
(check all the little of the	nd: Location (bedroom, kitchen, open at hat apply) n/Ammonia Reaction(s): yehicle osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): Vehicle rous Ammonia: Vehicle hloric Acid Gas Generator(s): ve Acid: ve Base: Vehicle item and location):	<u>r, etc)</u>	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information Ephodrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: <u>Traffic Stop</u> eies that serve the logation:	
Fire Department: Elkhart City Health Department: Elkhart County Child Protection Service: N/A		Fax: <u>574-5</u> Fax: <u>574-2</u> Fax: <u>N/A</u>	
	information regarding this methample og Officer: <u>Deputy Dustin Lundgren</u>		

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the ease life, and a copy sent to the Claudestine Laboratory Team Leader for retention.